

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	NONE
Suggested Group Art Unit::	NONE
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	USE OF ANTAGONIST ANTI-CD40 ANTIBODIES FOR TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA
Attorney Docket Number::	035784/311261
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	NONE
Total Drawing Sheets::	9
Small Entity::	No
Petition Included?::	No
Petition Type::	NONE
Licensed US Govt. Agency::	NO
Contract or Grant Numbers::	NONE
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Li  
Family Name:: Long  
Name Suffix::  
City of Residence:: Emeryville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94662-8097

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mohammad  
Family Name:: Luqman  
Name Suffix::  
Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94662-8097

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Asha
Family Name::	Yabannavar
Name Suffix::	
Street of mailing address::	c/o Chiron Corporation, P.O. Box 8097
City of mailing address::	Emeryville
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94662-8097

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Isabel
Family Name::	Zaror
Name Suffix::	
Street of mailing address::	c/o Chiron Corporation, P.O. Box 8097
City of mailing address::	Emeryville
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94662-8097

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Lea  
 Family Name:: Aukerman  
 Name Suffix::  
 Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097  
 City of mailing address:: Emeryville  
 State or Province of mailing address:: CA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 94662-8097

**Correspondence Information**

Correspondence Customer Number:: 00826

**Representative Information**

Representative Customer Number:: 00826

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/036954	11/04/04
	Appli. claiming the benefit under 35 USC 119(e)	60/517,337	11/4/03
	Appli. claiming the benefit under 35 USC 119(e)	60/525,579	11/26/03
	Appli. claiming the benefit under 35 USC 119(e)	60/565,710	4/27/04
	Appli. claiming the benefit under 35 USC 119(e)	60/611,794	9/21/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name:: Chiron Corporation  
Street of mailing address:: 4560 Horton Street  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94608-2916

RTA01/2204693v1